

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 596272

FILING DATE

06-07-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4		/		/		
5		/		/		
6		/		/		
7		/		/		
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9		/		/		
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12		/		/		
13		/		/		
14	/		/			
15	/		/			
16	/		/			
17	/		/			
18		/		/		
19		2		/		
20		(1)		/		
21		(1)		/		
22	/	/	/	/		
23		/		/		
24		/		/		
25		2		/		
26				/		
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49						
50						
TOTAL IND.	7	↓	7	↓		↓
TOTAL DEP.	20	←	18	←		←
TOTAL CLAIMS	27		25			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						